Business License Division

☐ Complaint ☐ Inquiry

Complainant Information (Person filing complaint):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Best Time for Contact:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
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I am supplying the following information to the City of North Las Vegas, Business License Division, to determine whether or not a violation of the City Business License Code has occurred and if further action is necessary. I understand that the City of North Las Vegas, Business License Division has limited ability to regulate how a person operates their business and/or the quality of their product or service. I also understand that the City of North Las Vegas, Business License Division cannot act in any legal capacity in resolving a complaint nor can it promise refunds or other remedies in connection with this complaint. I acknowledge that the information supplied in this form is true and accurate to the best of my knowledge. Further, the information is being submitted voluntarily and is given for the sole purpose of assisting the City of North Las Vegas, Business License Division in the enforcement of its Business License Code.

Complainant Signature: ________________________________ Date: ________________

Please return completed form to:
City of North Las Vegas
Business License Division
2250 N. Las Vegas Boulevard
Suite 110
North Las Vegas, NV 89030

Office Use Only:

Walk In ☐
Fax ☐
Mail In ☐

Complaint Received By: ________________________________ Date: ________________

Officer Assigned: ________________________________

2250 N. Las Vegas Boulevard
Suite 110
North Las Vegas, Nevada, 89030
702-633-1520 (Select Option 3)
702-399-8099 (Fax)

Revised 11/21/2011
Offender Information:

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>NLV License Number:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
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<tr>
<td>City:</td>
<td>State:</td>
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<td>Zip Code:</td>
<td>Fax:</td>
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<tr>
<td>Cell Phone:</td>
<td>Pager:</td>
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Business Owner Name(s)/Contact Name(s):

Descriptive Information Regarding Offender:

Name: ___________________________________

Male [ ] Female [ ]

Race: ______________________

Height: ______________________

Weight: ______________________

Hair Color: ______________________

Eye Color: ______________________

Facial Hair: ______________________

Noticeable scars, tattoos or unusual features: ______________________

Vehicle Information Related to Offender:

Make: ______________________

Model: ______________________

Color: ______________________

License Plate Number: ______________________

State: __________

Additional Descriptors (i.e. ladder racks, tool lockers): ______________________

Please list other agencies contacted, such as the County, State or Federal Government.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Person Contacted</th>
<th>Date Contacted</th>
<th>Phone Number</th>
<th>Fax Number</th>
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2250 N. Las Vegas Boulevard
Suite 110
North Las Vegas, Nevada, 89030
702-633-1520 (Select Option 3)
702-399-8099 (Fax)
Please detail the nature of your complaint against the above named business. Please try to report factual information only. Describe the events in the order they occurred, to include dates, times and locations. Attach photocopies of any relevant documents, agreements, correspondence, receipts or photos that would support your complaint. Attach additional pages as necessary. Please print clearly.
Office Use Only:

Ward Number: Case Number:

Case Status

☐ Complaint ☐ Inquiry

Officer Assigned: Date Assigned:

Complainant notified by Officer of receipt of complaint/inquiry on ____________. ☐ N/A

Case Closure Status:

☐ Complaint Unfounded ☐ Compliance Attained

☐ Complainant Uncooperative ☐ Corrective Action Taken

☐ Other Jurisdiction/Agency
Referred to:

Brief Summary of Action Taken OR ☐ See Attached Narrative:

Complainant notified of outcome: ☐ N/A ☐ Unable to do so based on lack of contact information.

☐ Notified on ____________

Method of contact: ☐ In-Person Date ☐ Email ☐ Mail ☐ Phone

Reviewed By: Date: ________________________________

Business License Manager

2250 N. Las Vegas Boulevard
Suite 110
North Las Vegas, Nevada, 89030
702-633-1520 (Select Option 3)
702-399-8099 (Fax)

Revised 11/21/2011